

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**  
**OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

<b>2. CONTRACT NO.</b>				<b>3. AWARD/EFFECTIVE DATE</b>		<b>4. ORDER NUMBER</b>		<b>1. REQUISITION NUMBER</b>		<b>PAGE 1 OF</b>					
								<b>5. SOLICITATION NUMBER</b>		<b>6. SOLICIATION ISSUE DATE</b>					
<b>7. FOR SOLICITATION INFORMATION CALL:</b>				<b>a. NAME</b>				<b>b. TELEPHONE NUMBER (No collect calls)</b>		<b>8. OFFER DUE DATE/ LOCAL TIME</b>					
<b>9. ISSUED BY</b>				<b>CODE</b>		<b>10. THIS ACQUISITON IS</b> <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISAV. BUSINESS <input type="checkbox"/> 8(A) SIC: SIZE STANDARD:				<b>11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED</b> <input type="checkbox"/> SEE SCHEDULE		<b>12. DISCOUNT TERMS</b>			
										<b>13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)</b>					
<b>15. DELIVER TO</b>				<b>CODE</b>		<b>16. ADMINISTERED BY</b>				<b>CODE</b>		<b>13b. RATING</b>			
												<b>14. METHOD OF SOLICITATION</b> <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
<b>17a. CONTRACTOR/ OFFEROR</b>				<b>CODE</b>		<b>FACILITY CODE</b>		<b>18a. PAYMENT WILL BE MADE BY</b>				<b>CODE</b>			
<b>TELEPHONE NO.</b>				<input type="checkbox"/> <b>17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER</b>				<b>18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED</b> <input type="checkbox"/> SEE ADDENDUM							
<b>19. ITEM NO.</b>		<b>20. SCHEDULE OF SUPPLIES/SERVICES</b>				<b>21. QUANTITY</b>		<b>22. UNIT</b>		<b>23. UNIT PRICE</b>		<b>24. AMOUNT</b>			
		(Attach Additional Sheets as Necessary)													
<b>25. ACCOUNTING AND APPROPRIATION DATA</b>										<b>26. TOTAL AWARD AMOUNT (For Govt. Use Only)</b>					
<input type="checkbox"/> <b>27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED.</b>										<input type="checkbox"/> ARE		<input type="checkbox"/> ARE NOT ATTACHED			
<input type="checkbox"/> <b>27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA</b>										<input type="checkbox"/> ARE		<input type="checkbox"/> ARE NOT ATTACHED			
<b>28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN</b>										<b>29. AWARD OF CONTRACT: REFERENCE</b>				<b>OFFER</b>	
<input type="checkbox"/> <b>TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.</b>										<input type="checkbox"/> <b>DATED</b>				<b>YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH</b>	
<b>30a. SIGNATURE OF OFFEROR/CONTRACTOR</b>						<b>31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)</b>									
<b>30b. NAME AND TITLE OF SIGNER</b>				<b>30c. DATE SIGNED</b>		<b>31b. NAME OF CONTRACTING OFFICER</b>				<b>31c. DATE SIGNED</b>					
<b>32a. QUANTITY IN COLUMN 21 HAS BEEN</b>  <input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED						<b>33. SHIP NUMBER</b>  <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>34. VOUCHER NUMBER</b>		<b>35. AMOUNT VERIFIED CORRECT FOR</b>					
<b>32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE</b>				<b>32c. DATE</b>		<b>36. PAYMENT</b> <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				<b>37. CHECK NUMBER</b>					
						<b>38. S/R ACCOUNT NUMBER</b>		<b>39. S/R VOUCHER NUMBER</b>		<b>40. PAID BY</b>					
<b>41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT</b>						<b>42a. RECEIVED BY (Print)</b>									
						<b>42b. RECEIVED AT (Location)</b>									
<b>41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>				<b>41c. DATE</b>		<b>42c. DATE REC'D (YY/MM/DD)</b>		<b>42d. TOTAL CONTAINERS</b>							

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405.

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